2003 NOT-FOR-PROFIT CORPORATION

1/1

FILED Feb 14, 2003 8:00 am Secretary of State 01-16-2003 90141 034 ****61.75

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # NO200000827

Pincopal Place of Business (1000 SM SSR1 ST. (100	1. Entity Name IGLESIA EVANGELICA LUTERANA "S INC.				(71-10-2003	90141 034	01.73
Suite, Apt. #, etc. State State State State State A. FEI Number 65-0386190 Applied For Not Applied For	10700 SW 56TH ST.							
City & State Country Country Country S. Certificate of States 65-0368 (90) S. Certificate of States Desired For Regular Country State Name PUERTIOT-JOSE G ITTIS SW 18TH ST. MAMH FL 33175 City FL Zip Code City	2. Principal Place of Business	3. Mailing Address						
Zep Country Zigo Country S. Certificate of Setus Desired S. Certificate	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			S		
S. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 9. City FL Zip Code 9. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Fina	City & State City & State				4. FEI Number 65-0366190 Applied For			
9. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PUERTO; JOSE G 11715 SW 18TH ST. MAMI FL 33175 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida Department of State 10.	Zip Country	Zip · · · · ·	Country	5.	Certificate of Status	Desired [1 - 4 \$8.75 A	dditional
PUERTO: JOSE G 11715 SW 18TH ST. MAMM FL 33175 Sized Address (P.O. Box Number is Not Acceptable) City FL Zip Code Code City FL Zip Code	6. Name and Address of Curren	t Registered Agent		7.	Name and Address	of New Registr		
SITE ADDRESS (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 1. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, upper or present name of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, upper or present name of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent. INCITE NOW: FEE IS \$61.25 9. Election Campagin Financing FILE NOW: FEE IS \$61.25 11.			Name					
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DELGADO, CARMELO ANDE BELLO, MARY MAME BELLO, MARY MARE BELLO, MARY MERIADORSS TOTY-ST-2P MAME BRIZUELA ALAIN TOTS-2P MAMAM FL 33196 TOTS-2P MAMAM FL 33196 TOTS-2P MAMAM FL 33196 TOTS-2P MAMAM FL 333196	11715 SW 18TH ST.		Street	Address (P.O. I	Box Number is Not A	cceptable)		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or prived name of registered agent. INCTE. Registered Agent agreets required when refeatable. INCTE. Registered Agent agreets required agent agreets required when refeatable. INCTE. Registered Agent agreets required agent agreets			City				FL Zip Co	de
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DELGADO, CARMELO Delete TITLE NAME Change MANIFEL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change MANIFEL Change Change Change Change Change Change Change Change Change Change	Signature, typed or printed name of registered ager					 		
TITLE MANE MANE TITLE STATES ADDRESS AND MIAMI FL 33178 DELGADO, CARMELO 782 NW 134 AVE MIAMI FL 33182 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33178 DELEADO, FE MIAMI FL 33178 TITLE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33182 TITLE NAME ANE ANE ANE ANE ANE ANE BRIZUELA, ALAIN STREET ADDRESS CITY-ST-ZIP MIAMI FL 33182 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196						Make Ci Florida De	neck Payable partment of	to State
DELGADO, CARMELO 782 MW 134 AVE MIAMI FL 33182 TITLE VP MIAMI FL 33182 TITLE MAKE MIAMI FL 33176 TITLE MIAMI FL 33176 TITLE MIAMI FL 33176 TITLE MIAMI FL 33178 TITLE MIAMI FL 33182 TITLE MIAMI FL 33184 TITLE MIAMI FL 33196		RECTORS	11.	ADDIT	IONS/CHANGES TO	OFFICERS ANI	D DIRECTORS II	V 10
TITLE NAME TOBBILO, MARY TOBBILO,	IAME DELGADO, CARMELO 782 NW 134 AVE	🔀 Delete	Name Street address	LOPEZ, 1 9304 S		\mathcal{D}	☐ Change	Addition
DELEADO, FE AME DELEADO, FE TIRE TREET ADDRESS TREET ADDRESS TITY- ST-ZIP MIAMI FL TREET ADDRESS TREET ADDRE	TITLE VP NAME BELLO, MARY STREET ADDRESS 10816 SW 88ST APT R-12	☐ Delete	TITLE NAME STREET ADDRESS		FL 3376		∑ Change	☐ Addition
AME AME BRIZUELA, ALAIN 13673 SW 62 ST ITILE NAME STREET ADDRESS CITY-ST-ZIP THE NAME ROBINSON, DALE FREET ADDRESS TY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL TO Gelete TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL TO Gelete TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL TO GELETE TO G	TILE S TAME DELEADO, FE TREET ADDRESS 7620 NW 134 AVE	₩ Detata	TITLE NAME STREET ADORESS		all algorithms and the second and th		Change .	Addition
TITLE AME ROBINSON, DALE FREET ADDRESS FREET	TREET ADDRESS 13673 SW 62 ST	☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition
THE U	TLE AME ROBINSON, DALE REET ADDRESS 6811 SW 48TH TERRACE	☐ Celete	TITLE NAME STREET ADDRESS		•	RR	Change	Addition
ROBINSON, EDGAR REET ADDRESS REST ADDRESS REST ADDRESS RY-ST-ZIP MIAMI FL Change Addition NAME STREET ADDRESS CITY-ST-ZIP L. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information	ROBINSON, EDGAR REET ADDRESS 6811 SW 48 TERR IY-ST-ZIP MIAMI FL	⊠ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

ale G. Robinson 1/8/03 (305) 408-9884